

<i>SERFF Tracking Number:</i>	<i>CMBD-126709163</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Combined Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>46151</i>
<i>Company Tracking Number:</i>	<i>6082-AR</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.003 Plan C</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>Senior 2010 Medicare Supplement Rate Revision - Plan C</i>		
<i>Project Name/Number:</i>	<i>2010 Medicare Supplement Rate Revision - Plan C/6082-AR</i>		

## Filing at a Glance

Company: Combined Insurance Company of America

Product Name: Senior 2010 Medicare Supplement Rate Revision - Plan C SERFF Tr Num: CMBD-126709163 State: Arkansas

TOI: MS051 Individual Medicare Supplement - Standard Plans

SERFF Status: Closed-Approved- Closed State Tr Num: 46151

Sub-TOI: MS051.003 Plan C

Co Tr Num: 6082-AR

State Status: Approved-Closed

Filing Type: Rate

Author: Sue Thill

Reviewer(s): Stephanie Fowler

Date Submitted: 07/07/2010

Disposition Date: 07/20/2010

Disposition Status: Approved-Closed

Implementation Date Requested: 11/01/2010

Implementation Date: 11/01/2010

State Filing Description:

## General Information

Project Name: 2010 Medicare Supplement Rate Revision - Plan C

Project Number: 6082-AR

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 8%

Filing Status Changed: 07/20/2010

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 12/17/2009

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 07/20/2010

Deemer Date:

Created By: Sue Thill

Submitted By: Sue Thill

Corresponding Filing Tracking Number:

Filing Description:

Combined Insurance Company of America

FEIN Number 36-2136262

NAIC Number 317-62146

Individual Medicare Supplement Rate Filing

Rate Sheet No. 6082-AR for Standardized Plan C

INDIVIDUAL MEDICARE - AGENT MARKETED

SERFF Tracking Number: CMBD-126709163 State: Arkansas  
Filing Company: Combined Insurance Company of America State Tracking Number: 46151  
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Attached is our 2010 Medicare Supplement Rate Revision for the above captured policy.

The filing fee, in the amount of \$50.00, was provided through EFT.

We are requesting the indicated increase on the following currently sold form:

Increase Form Numbers Description Approval Date

8% 14972R06-AR-C Plan C October 12, 2005  
14972R896-AR-C June 23, 1997  
14972R-AR-C/14972-AR August 26, 1994/April 27, 1992

The required actuarial material is enclosed.

Thank you for your review and hopefully approval. If you need anything further, please feel free to contact me. If you have any questions or concerns regarding actuarial material, please contact Brian J. Moore, Vice President and Actuary, at (847) 953-8149.

## Company and Contact

### Filing Contact Information

Sue Thill, Senior Policy Analyst Sue.A.Thill@combined.com  
1000 Milwaukee Avenue 847-953-1536 [Phone]  
Glenview, IL 60025 847-953-1557 [FAX]

### Filing Company Information

Combined Insurance Company of America CoCode: 62146 State of Domicile: Illinois  
1000 Milwaukee Avenue Group Code: 626 Company Type:  
Glenview, IL 60025 Group Name: State ID Number:  
(847) 953-1531 ext. [Phone] FEIN Number: 36-2136262

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Combined Insurance Company of America	\$50.00	07/07/2010	37796479

*SERFF Tracking Number:* CMBD-126709163 *State:* Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	07/20/2010	07/20/2010

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## Disposition

Disposition Date: 07/20/2010

Implementation Date: 11/01/2010

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after November 1, 2010. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- The insured shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

<b>Company Name:</b>	<b>Overall % Indicated Change:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Written Premium for this Program:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>
Combined Insurance Company of America	8.000%	8.000%	\$32,686	147	\$408,572	8.000%	8.000%

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Health - Actuarial Justification	Approved	No
<b>Rate</b>	RATE SHEET	Approved	Yes

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## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	5.000%
<b>Effective Date of Last Rate Revision:</b>	11/01/2009
<b>Filing Method of Last Filing:</b>	SERFF

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Combined Insurance Company of America	8.000%	8.000%	\$32,686	147	\$408,572	8.000%	8.000%

SERFF Tracking Number: CMBD-126709163 State: Arkansas

Filing Company: Combined Insurance Company of America State Tracking Number: 46151

Company Tracking Number: 6082-AR

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## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved 07/20/2010	RATE SHEET	14972	Revised	Previous State Filing Number: Percent Rate Change Request: 8.000	2010 Arkansas Rate Sheet Plan C.pdf



**COMBINED INSURANCE COMPANY OF AMERICA  
CHICAGO, ILLINOIS  
NAIC COMPANY CODE #62146**

**MEDICARE SUPPLEMENT  
FOR THE STATE OF ARKANSAS**

**2010 ANNUAL PREMIUM RATES**

**POLICY FORM 14972  
PLAN C**

<b>Issue Age</b>	<b>Annual Premium</b>
All Ages	\$2,813.96

**Modal Factors:**

Semi-Annual:	0.520
Quarterly:	0.265
PAC Monthly:	0.090

A 10% discount applies if the insured has another Combined Senior Health Policy.